



PLEASE CHECK THE BOX OF THE SESSION YOU PLAN TO ATTEND:

9 June 6, 2000

**Carnegie Center for Art & History
(formerly Floyd Co. Museum)
Corner Spring & Bank Streets
New Albany, IN**

9 June 7, 2000

**Casino Aztar Pavillion
Regency Court Restaurant
21 NW Riverside Drive
Evansville, IN**

9 June 20, 2000

**Lake County Govt. Center
2293 N. Main Street
Crown Point, IN**

9 June 21, 2000

**Community Center
233 W. Main Street
Fort Wayne, IN**

BROWNFIELDS COMMUNITY SURVEY

To better assist the State of Indiana address brownfield concerns, the Interagency Brownfields Advisory Team (IBAT) requests that you complete this brief survey.

COMMUNITY NAME: _____ CONTACT PERSON: _____
STREET ADDRESS: _____
CITY/COUNTY/ZIP: _____
PHONE: _____ FAX: _____ E-MAIL: _____

How many brownfield properties have been identified in your community? _____

If any brownfields have been redeveloped in the past 5 years, please identify the project and year in which redevelopment occurred. Indicate Federal or State funds used by (F) or (S).

1. _____ 2. _____
3. _____ 4. _____

Please identify and prioritize properties you wish to redevelop by location, a brief description, and proposed reuse (industrial, retail, commercial, housing, parks, other(explain), or none).

Identify any property in which a site assessment has been previously conducted with an asterisk (*).

1. _____
2. _____
3. _____

Please identify the barriers that are precluding redevelopment of these properties. (CHECK all boxes that apply):

- 9 site access 9 funding 9 environmental contamination**
9 community support 9 liability concerns 9 other, _____

Please indicate which redevelopment tools you would most like to be discussed at the sessions:

FUNDING:

9General

9Specific Programs (please identify):

**TECHNICAL
ASSISTANCE:**

9General

9Specific Programs (please identify):

**LIABILITY
CONCERNS:**

9General

9Specific Issues (please identify):

IF YOU VIEW A BROWNFIELDS PROJECT IN YOUR COMMUNITY AS A “SUCCESS STORY” THAT CAN BE SHARED WITH OTHERS, PLEASE BRIEFLY DESCRIBE BELOW AND INCLUDE THE NAME AND TELEPHONE NUMBER OF A CONTACT PERSON.

Name of Contact Person _____ **Phone** _____

Thank you for taking the time out of your busy day to complete this information. We value your input. Please return the completed form by **May 22, 2000** to:

**Brownfields Program
Office of Land Quality
Indiana Department of Environmental Management
100 N. Senate Avenue
P.O. Box 6015
Indianapolis, IN 46206-6015
Attn: Kyle Hendrix**